



# County of San Diego

## DEPARTMENT OF ENVIRONMENTAL HEALTH

### FOOD AND HOUSING DIVISION

5500 Overland Ave., Suite # 110, San Diego, CA 92123  
P. O. Box 129261, San Diego, CA 92112-9261  
(858) 505-6666 | (800) 253-9933 | [www.sdcdeh.org](http://www.sdcdeh.org)



#### BODY ART PRACTITIONER PROOF OF EXPERIENCE LETTER

Article 3, section 119306 of the Safe Body Art Act requires, as a condition of registration, that first-time registrants provide documentation evidencing a minimum of six months of related experience. The local enforcement agency may require documentation that includes, but is not limited to, dates, type, and location of work, and the name and contact information of the registrant's supervisor or supervisors.

#### This section must be completed by Body Art Practitioner Applicant

Applicant's Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Last First M

Applicant's Mailing Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Street # Street Name City Zip

#### This section must be completed by the Supervisor, Trainer, or Qualified Witness verifying the applicant's experience:

Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Last First M

Mailing Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Street # Street Name City Zip

Body Art Practitioner Registration #: \_\_\_\_\_ Body Art Facility Name: \_\_\_\_\_ Body Art Facility Record #: \_\_\_\_\_

#### Dates and times which you are verifying as the applicant's experience practicing Body Art: (Use the reverse if more space is needed to detail experience)

From:	To	From	To	Total
Date:	Date:	Date:	Date:	Days
____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	
Times: _____	Times: _____	Times: _____	Times: _____	_____

I verify that Mr./ Ms./ Mrs. \_\_\_\_\_ has experience practicing body art at a health-regulated business located at \_\_\_\_\_  
(Applicant Name) (Address)  
for the purpose of gaining experience to become a body artist. I declare  
under penalty of perjury that to the best of my knowledge and belief the statements made herein are correct and true.

Supervisor / Trainer / Witness Name (Print): \_\_\_\_\_

Supervisor / Trainer / Witness Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### OFFICE USE ONLY

Approved by:

Date of Approval:

Record ID:



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Dates and times which you are verifying as the applicant's experience practicing Body Art (continued from Page 1):

From Date:   /  /   → To Date:   /  /   From Date:   /  /   → To Date:   /  /   Total Days:           

Times:            Times:            Times:            Times:           

From Date:   /  /   → To Date:   /  /   From Date:   /  /   → To Date:   /  /   Total Days:           

Times:            Times:            Times:            Times:           

From Date:   /  /   → To Date:   /  /   From Date:   /  /   → To Date:   /  /   Total Days:           

Times:            Times:            Times:            Times:           

From Date:   /  /   → To Date:   /  /   From Date:   /  /   → To Date:   /  /   Total Days:           

Times:            Times:            Times:            Times:           

From Date:   /  /   → To Date:   /  /   From Date:   /  /   → To Date:   /  /   Total Days:           

Times:            Times:            Times:            Times:           

Additional Comments regarding your experience:

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